TRADEMARK OFFICE			
0/9/05			
REQUEST FOR PATENT FEE REFUND			
ial/Patent # 10,5/8 350			
4 PAPER 5 DATE NUMBER FILED 6 AMOUNT			
\$			
\$			
\$			
\$			
\$			
\$			
\$.			
\$			
\$			
\$ (30)			
7 TOTAL AMOUNT OF REFUND			
8 TO BE REFUNDED BY:			
Treasury Check			
Credit Deposit A/C #:			
9			
<u>.</u>			
0			
TITLE Legal Whoten Charpu			
PHONE: 7/308-9/40-44			
23			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
DATE:			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B